

Title: Experiences of Dysphoria and Desire for Medical Transition Among Nonbinary Trans Individuals

1. Project Description

A. Description of Project

A growing body of literature exists regarding the experiences and healthcare needs of the transgender community (e.g. de Vries, Kreukels, T'Sjoen, Ålgars, and Mattila, 2015; Eyssel, Koehlner, Dekker, Sehner, and Neider, 2017; Janika and Forcier, 2016; Rankin and Beemyn, 2012). One of the most significant and pertinent experiences affecting trans individuals is what is known as dysphoria. Gender dysphoria (GD) is defined in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* as conflict between a person's gender identity and their assigned gender; in this proposal as well as within the trans community, the term dysphoria will refer to the "significant distress" experienced as a result of GD (American Psychiatric Association, 2013). Dysphoria is well documented and common in binary trans people (that is, individuals who identify as either male or female), and many individuals seek medical transition (such as hormone therapy or surgeries) to alleviate physical and social GD (Eyssel et al, 2017). Non-medical measures, such as wearing gender-affirming clothing, make-up, binding of the breasts, tucking, or going by a new first name are other transitional steps that can reduce GD and create gender-affirming feelings.

Individuals who do not identify within the gender binary also experience gender dysphoria in varying degrees. However, even as more researchers begin to acknowledge gender diversity outside of the traditional Western binary (van Anders, 2015), nonbinary individuals (those who identify as neither male nor female) and their experiences remain underrepresented or absent in literature. Lack of quantitative data on dysphoria and desire for transition among nonbinary identities prevents researchers from gaining a more comprehensive understanding of nonbinary individuals and the diversity of experiences and needs within the trans community.

The goal of the proposed study is to assess the levels and frequency of dysphoria experienced by nonbinary trans individuals independently and in comparison to their binary trans peers. This study will measure dysphoria as well as desire for medical transition in order to ascertain the prevalence of dysphoria among nonbinary people and increase understanding of nonbinary trans experiences.

B. Activities, Process, or Methodology: A proposal will be submitted to the UNO/UNMC IRB by December 31, 2017.

Approximately 100-200 trans participants ages 19-35 will be recruited online via community trans networks and support groups. Participants will also be recruited at the 2018 Midwest Bisexual Lesbian Gay Transgender and Allied College Conference (MBLGTACC), which will be hosted at UNO from February 16-18, 2018 (the conference committee has already expressed support for this proposal). The age range is designed to measure a single generational cohort, so as not to confound the data with any potential effects of age or generational differences.

An online survey will be made and administered via Qualtrics. Participants will be asked questions regarding basic demographics, including their gender identity, gender/sex on original birth certificate, and whether they classify their gender as binary or nonbinary and as trans masculine, feminine, or neutral/neither. Participants will then complete a modified 11-item Utrecht Gender Dysphoria Scale, which has been proven to be an accurate and reliable measure of dysphoria (Schneider, Cerwenka, Nieder, et al, 2016). Modifications have been made to the language of the questions to create two sets of questions that are more trans-friendly and more similar to each other than the original Utrecht scale, which has several discrepancies between its assigned-male and assigned-female versions. Additional questions will address differences between rates of different types of dysphoria and individual desire for transition.

Data will be collected on Qualtrics and transferred into SPSS for analysis. Descriptive statistics will be run on the data to determine differences between binary and nonbinary participants, as well as testing for any interaction with gender identity (trans masculine, feminine, or other/neither).

C. Project Timeline:

- December 31, 2017: Complete survey and send to IRB
- February 1- April 1, 2018: Begin recruiting participants and collecting data
- April 2- August 1, 2018: Compile and analyze data
- August 2-October/November, 2018: Prepare for RCAF
- October/November, 2018 (date TBD): Present at RCAF

D. Student/Faculty Mentor Roles: Dr. Jay Irwin of the UNO Sociology Department will oversee and advise me throughout the entire process, and assist with survey development, participant recruitment, and IRB protocol. As the student researcher I will be responsible for writing the online survey, overseeing data collection, data analysis, and presentation of the study's findings.

3. Budget Justification

Draft survey and submit IRB application	~ 15 hrs
Begin recruiting participants and collecting data	~ 30 hrs
Compile and analyze data	~ 120 hrs
Prepare for RCAF	~ 30 hrs
Present at RCAF	~ 5 hrs
Total estimate: 200 hrs x \$10/hr = \$2000	

No travel supplement is being requested.

4. References and/or Citations

- de Vries, A.L.C., Kreukels, B.P.C., T'Sjoen, G., Ålgars, M., & Mattila, A. (2015). Increase of referrals to gender identity clinics: A European trend?. *EPATH (Ed) In Transgender Healthcare in Europe Book of Abstracts*, 10.
- Eyssel, J., Koehler, A., Dekker, A., Sehner, S., & Nieder, T.O. (2017). Needs and concerns of transgender individuals regarding interdisciplinary transgender healthcare: A non-clinical online survey. *PLoS ONE* 12(8): e0183014.
- Rankin, S., & Beemyn, G. (2012). Beyond a binary: The lives of gender-nonconforming youth. *About Campus*, 17, 2–10.
- Schneider, C., Cerwenka, S., Nieder, T.O., Briken, P., Cohen-Kettenis, P.T., de Cuypere, G., Haraldsen, I.R., Kreukels, B.P.C., & Richter-Appelt, H. (2016). Measuring gender dysphoria: a multicenter examination and comparison of the Utrecht Gender Dysphoria Scale and the Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults. *Archives of Sexual Behavior* (2016) 45: 551.
- van Anders, S.M. (2015). Beyond sexual orientation: integrating gender/sex and diverse sexualities via sexual configurations theory. *Archives of Sexual Behavior*, 44(5):1177-213.

Letter of Mentor Support

Dear FUSE Selection Committee,

I am writing this letter in support of Gina Comstock's FUSE application entitled "Experiences of Dysphoria and Desire for Medical Transition Among Nonbinary Trans Individuals". Gina is a Junior in the Neuroscience program with a minor in LGBTQ/Sexuality Studies and Sociology. It is through Gina's studies in LGBTQ Studies and Sociology that we began working together on research ideas. Trans studies is one of my major areas of research as well as survey development, allowing me to serve as a mentor for this project.

Gina is an outstanding student, as seen with a GPA of 3.901 in a very demanding major. Gina is well trained for this project, having completed Sociology Research Methods, Methods of Psychological Inquiry, and Statistics for Behavioral Science (earning an A, A, and A+ respectfully). Gina is already starting the IRB application for this project, showing a real motivation to engage in the process of research. This grant will also poise Gina for graduate studies and set their applications to schools apart from other students who were unable to conduct original research during their time as undergraduate students.

This line of research is also timely, relevant, and important in the context of trans studies. Understanding the experiences of dysphoria and desire for transition for nonbinary trans individuals (that is, individuals who do not identify as male or female) is an underdeveloped area of research. Furthermore, previous studies focusing on dysphoria almost exclusive research binary trans individuals (that is, people assigned female at birth and transition to male or people assigned male at birth and transition to female), leaving a noticeable gap of understanding for trans folks who identify outside of binary ideas of gender. I am excited for Gina's study and for what their work could look like in the future based of this study.

Do not hesitate to contact me should you have any questions.

Jay A. Irwin, PhD
Associate Professor of Sociology

Appendix

A. Modified Utrecht Scale

UGDS: AMAB (Assigned Male at Birth)

1. My life would be meaningless if I would have to live as a boy/man.
2. Every time someone treats me like a boy/man I feel hurt.
3. I feel unhappy if someone calls me a boy/man.
4. I feel unhappy with my body.
5. The idea that I could always have to live as boy/man gives me a sinking feeling.
6. I hate myself because I am seen as a boy/man.
7. I feel uncomfortable behaving like a boy/man, always and everywhere.
8. Only as a girl/woman my life would be worth living.
9. I dislike urinating in a standing position.
10. I am dissatisfied with my beard growth because it makes me look like a boy/man.
11. I dislike having erections.

UGDS: AFAB (Assigned Female at Birth)

1. My life would be meaningless if I would have to live as a girl/woman.
2. Every time someone treats me like a girl/woman I feel hurt.
3. I feel unhappy if someone calls me a girl/woman.
4. I feel unhappy with my body.
5. The idea that I could always have to live as girl/woman gives me a sinking feeling.
6. I hate myself because I am seen as a girl/woman.
7. I feel uncomfortable behaving like a girl/woman, always and everywhere.
8. Only as a boy/man would my life would be worth living.
9. I dislike urinating in a sitting position.
10. I am dissatisfied with my breasts because they make me look like a girl/woman.
11. I dislike having menstrual periods.